



52239

FAA Academy Student Survey



Course: _____ Class: _____ Student Name (optional): _____

Apartment/Hotel Name: _____

Short-Term ☐ Long-Term ☐

official use only!

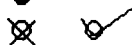
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Please rank the following information by completely shading in the appropriate circle.

Use a black/blue pen.

Shade circles like this: ●

Not like this:

**Housing:**

- | | Excellent | Good | Fair | Poor | N/A |
|---|---------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| 1. How would you rate the quality of your housing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Would you recommend your housing complex remain on the student housing list? | Yes <input type="radio"/> | No <input type="radio"/> | | | |

Academy Services:

- | | Excellent | Good | Fair | Poor | N/A |
|--|---------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| 3. Please rate the student welcome packages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was it received timely? | Yes <input type="radio"/> | No <input type="radio"/> | | | |
| 4. Please rate the services provided by the student services staff? .. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was the staff helpful? | Yes <input type="radio"/> | No <input type="radio"/> | | | |
| 5. The Academy Library? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The Academy facilities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The shuttle services? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The driver of the shuttle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Aeronautical Center Services:

- | | Excellent | Good | Fair | Poor | N/A |
|------------------------------------|---------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| 9. The Center Guard Service? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Were the Guards courteous? | Yes <input type="radio"/> | No <input type="radio"/> | | | |
| 10. Please rate the food services: | | | | | |
| HQ Building Cafeteria..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Snack Bars: | | | | | |
| Stafford Building (Building 27) .. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Air Traffic Building (Building 3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vending | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Civil Aerospace Medical Institute (CAMI) Services:

- | | | | | | |
|--|---------------------------------|-----------------------------------|----------------------------|----------------------------|---------------------------|
| 11. Did you use the CAMI clinic? | Yes <input type="radio"/> | No <input type="radio"/> | | | |
| If yes, please complete the following. | | | | | |
| 12. How many times were you treated? | <input type="radio"/> One | <input type="radio"/> Two or more | | | |
| 13. How do you rate the quality of care received? .. | Excellent <input type="radio"/> | Good <input type="radio"/> | Fair <input type="radio"/> | Poor <input type="radio"/> | N/A <input type="radio"/> |
| 14. Would you use the CAMI clinic again? | Yes <input type="radio"/> | No <input type="radio"/> | | | |

PLEASE CONTINUE ON THE BACK PAGE

SUGGESTION

COMPLAINT

COMPLIMENT

OTHER COMMENT